

PJS:WPP:all

**UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

<b>DAVID E. HILL,</b>	:	<b>CIVIL NO. 3:CV-11-1609</b>
<b>Plaintiff</b>	:	
	:	<b>(Conaboy, J.)</b>
<b>v.</b>	:	
	:	
<b>HARLEY LAPPIN, et al.,</b>	:	
<b>Defendants</b>	:	<b>Filed Electronically</b>

**EXHIBITS TO BRIEF IN SUPPORT OF DEFENDANTS'  
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT**

**PETER J. SMITH**  
United States Attorney

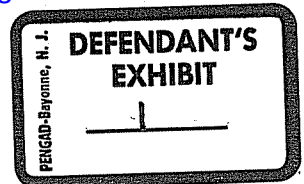
**WESLEY P. PAGE**  
Assistant U.S. Attorney  
Atty. I.D. No. WV 10529

**ANITA L. LIGHTNER**  
Paralegal Specialist  
United States Attorney's Office  
228 Walnut Street  
Post Office Box 11754  
Harrisburg, PA 17108-1754  
Phone: (570)348-2800  
Facsimile: (570)348-2816

**Dated: January 30, 2012**

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IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DAVID HILL,

Plaintiff

vs.

HARLEY LAPPIN, et al.,

Defendants

CIVIL ACTION NO. 3:CV-11-1609

**DECLARATION OF MICHAEL S. ROMANO**

1. I am currently employed by the Federal Bureau of Prisons (hereafter "BOP"), and assigned to the United States Penitentiary, Lewisburg, PA(hereafter "USP Lewisburg"). I began employment with the BOP in 1991 as a Correctional Officer and was in that capacity through 2000. I returned to the Bureau of Prisons in May, 2006, as an Attorney Advisor. I remain in the capacity of Attorney Advisor assigned to USP Lewisburg. As a part of my duties and responsibilities, I have access to inmates' records, electronic data maintained on the BOP's SENTRY computer system, Administrative Remedy data, BOP Program Statements, and PACER. I certify that the Attachments referenced herein are true and accurate to the best of my knowledge.

2. The Plaintiff is a federal inmate currently confined in the United States Penitentiary (USP), Lewisburg. He is currently serving an aggregated 984 months term of imprisonment for bank robbery and related charges. He has a projected release date of May 3, 2076. See Attachment A, Public Information for Plaintiff

3. On June 22, 2010, Plaintiff was in a shower on the first floor of D Unit. A lieutenant told the Plaintiff he was being moved to another cell and was ordered to submit to hand restraints. The Plaintiff refused to be placed in restraints and threatened to assault another inmate or staff. Due to Plaintiff's assaultive behavior a use of team was authorized by the Warden. Plaintiff submitted to restraints. He was medically assessed with no injuries noted and was placed in four point restraints. Ambulatory restraints were bypassed due to Plaintiff's highly agitated state and recent history of manipulating restraints. Plaintiff was only in restraints for a period of less than 48 hours. A review of the use of force was conducted and concluded the actions taken with respect to the use of force and restraints were reasonable. **See Attachment B, Form 583, Report of Incident dated December 2, 2010; C, BOP Health Services Clinical Encounter dated June 22, 2010; D, Form 586 After Action review Report; E June 22, 2010 memo by J. Hepner**

4. **See Attachment, F, 15 minute check records related to Plaintiff being placed in restraints on June 22, 2010.**

5. **See Attachment G, Two Hour Lieutenant Restraint Checks for Plaintiff being placed in restraints on June 22, 2010**

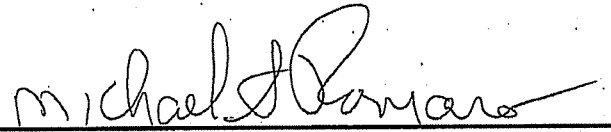
6. **See Attachment H, Health Services Restraint Review Form; I, BOP Clinical Encounter Records 6-22-2010 through 6-24-2010**

7. A review of Plaintiff's medical records following his release from restraints on June 24, 2010 through September 16, 2010 reveals he had no complaints of injuries related to the use of force on June 22, 2010 or related time in restraints. **See Attachment J, BOP Clinical Encounter Records 6-24-2010 through 9-16-2010**

8. Attached is a true and correct copy of the use of force video involving the Plaintiff on June 22, 2010.

I declare under penalty of perjury pursuant to 28, United States Code, Section 1746, that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed this 15<sup>th</sup> day of December, 2011.

A handwritten signature in cursive script, reading "Michael S. Romano", written over a horizontal line.

Michael S. Romano  
Attorney Advisor  
USP Lewisburg

**Attachment A**

LEW40  
PAGE 001

\*  
\*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 12-13-2011

\*  
\*

12-13-2011  
14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW  
PHONE...: 570-523-1251

FAX: 570-522-7745  
RACE/SEX...: BLACK / MALE  
AGE: 40  
PAR ELIG DT: N/A  
PAR HEAR DT:

PROJ REL MT: GOOD CONDUCT TIME RELEASE  
PROJ REL DT: 05-03-2076

G0002

MORE PAGES TO FOLLOW . . .

LEW40  
PAGE 002

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\*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 12-13-2011

\*  
\*

12-13-2011  
14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW

PHONE...: 570-523-1251 FAX: 570-522-7745

HOME DETENTION ELIGIBILITY DATE: 11-03-2075

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 05-03-2076 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: VIRGINIA, EASTERN DISTRICT  
DOCKET NUMBER.....: 1:01CR00191-001  
JUDGE.....: HILTON  
DATE SENTENCED/PROBATION IMPOSED: 12-07-2001  
DATE COMMITTED.....: 02-21-2002  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$700.00	\$00.00	\$00.00	\$00.00
RESTITUTION....:	PROPERTY: NO	SERVICES: NO	AMOUNT:	\$40,235.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 551  
OFF/CHG: T18:371; CONSPIRACY (COUNT 1)  
T18:2113(A)&(D); ARMED BANK ROBBERY (COUNTS 2,4&6)

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE..: 300 MONTHS  
TERM OF SUPERVISION.....: 5 YEARS  
CLASS OF OFFENSE.....: CLASS B FELONY  
DATE OF OFFENSE.....: 10-06-1999

G0002

MORE PAGES TO FOLLOW . . .



LEW40  
PAGE 003

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PUBLIC INFORMATION  
INMATE DATA  
AS OF 12-13-2011

\*  
\*

12-13-2011  
14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW  
PHONE...: 570-523-1251 FAX: 570-522-7745  
-----CURRENT OBLIGATION NO: 020 -----

OFFENSE CODE.....: 130  
OFF/CHG: T18:924(C)(1)(A),924(C)(1)(A).(III); USE OF A FIREARM DURING A  
CRIME OF VIOLENCE. (COUNTS 3,5&7).

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE..: 684 MONTHS  
TERM OF SUPERVISION.....: 5 YEARS  
CLASS OF OFFENSE.....: CLASS A FELONY  
RELATIONSHIP OF THIS OBLIGATION  
TO OTHERS FOR THE OFFENDER.....: CONSECUTIVE  
DATE OF OFFENSE.....: 10-06-1999

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 11-30-2011 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 05-16-2008 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 020: 020 010, 020 020

DATE COMPUTATION BEGAN.....: 12-07-2001  
AGGREGATED SENTENCE PROCEDURE...: AGGREGATE GROUP 800 PLRA  
TOTAL TERM IN EFFECT.....: 984 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 82 YEARS  
AGGREGATED TERM OF SUPERVISION...: 5 YEARS  
EARLIEST DATE OF OFFENSE.....: 10-06-1999

JAIL CREDIT.....: FROM DATE THRU DATE  
10-07-2001 12-06-2001

G0002 MORE PAGES TO FOLLOW . . .

LEW40  
PAGE 004

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PUBLIC INFORMATION  
INMATE DATA  
AS OF 12-13-2011

\*  
\*

12-13-2011  
14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW

PHONE...: 570-523-1251 FAX: 570-522-7745

TOTAL PRIOR CREDIT TIME.....: 61  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED...: 2712  
TOTAL GCT EARNED.....: 0  
STATUTORY RELEASE DATE PROJECTED: 05-03-2076  
EXPIRATION FULL TERM DATE.....: 10-06-2083

PROJECTED SATISFACTION DATE.....: 05-03-2076  
PROJECTED SATISFACTION METHOD....: GCT REL

G0002

MORE PAGES TO FOLLOW . . .

LEW40  
PAGE 005

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PUBLIC INFORMATION  
INMATE DATA  
AS OF 12-13-2011

\*  
\*

12-13-2011  
14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW

HOME DETENTION ELIGIBILITY DATE: 04-06-2001

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S PRIOR COMMITMENT.  
THE INMATE WAS SCHEDULED FOR RELEASE: 10-06-2001 VIA PAROLE

-----PRIOR JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: DIST OF COLUMBIA, SUPERIOR CRT  
DOCKET NUMBER.....: F4197-96A  
JUDGE.....: RETCHIN  
DATE SENTENCED/PROBATION IMPOSED: 12-06-1996  
DATE PROBATION REVOKED.....: 05-30-2000  
TYPE OF PROBATION REVOKED.....: SPLIT  
DATE WARRANT ISSUED.....: N/A  
DATE WARRANT EXECUTED.....: N/A  
DATE COMMITTED.....: 06-26-2002  
HOW COMMITTED.....: PROBATION VIOL (US OR DC CD)  
PROBATION IMPOSED.....: NO  
SPECIAL PAROLE TERM.....:

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$20.00	\$00.00	\$00.00	\$00.00
RESTITUTION...:	PROPERTY: NO	SERVICES: NO	AMOUNT:	\$00.00

-----PRIOR OBLIGATION NO: 010 -----

OFFENSE CODE.....: 602  
OFF/CHG: AGGRAVATED ASSAULT IN VIOLATION OF D.C. CODE

SENTENCE PROCEDURE.....: DC OMNIBUS ADULT SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 120 MONTHS  
MINIMUM TERM.....: 40 MONTHS  
DATE OF OFFENSE.....: 05-15-1996

G0002

MORE PAGES TO FOLLOW . . .

LEW40 \*  
PAGE 006 OF 006 \*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 10-06-2001

\* 12-13-2011  
\* 14:37:49

REGNO...: 12585-007 NAME: HILL, DAVID

RESP OF: LEW  
PHONE...: 570-523-1251 FAX: 570-522-7745  
-----PRIOR COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 05-07-2003 AT THA AUTOMATICALLY

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
PRIOR COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 05-30-2000  
TOTAL TERM IN EFFECT.....: 120 MONTHS  
TOTAL TERM IN EFFECT CONVERTED...: 10 YEARS  
EARLIEST DATE OF OFFENSE.....: 05-15-1996

JAIL CREDIT.....:	FROM DATE	THRU DATE
	05-15-1996	02-08-1998
	03-03-2000	05-29-2000

TOTAL JAIL CREDIT TIME.....: 723  
TOTAL INOPERATIVE TIME.....: 0  
STATUTORY GOOD TIME RATE.....: N/A  
TOTAL SGT POSSIBLE.....: 0  
PAROLE ELIGIBILITY.....: 10-06-2001  
STATUTORY RELEASE DATE.....: 06-05-2008  
TWO THIRDS DATE.....: N/A  
180 DAY DATE.....: N/A  
EXPIRATION FULL TERM DATE.....: 06-05-2008

PAROLE EFFECTIVE.....: 10-06-2001  
PAROLE EFF VERIFICATION DATE.....: 10-06-2001  
NEXT PAROLE HEARING DATE.....: N/A  
TYPE OF HEARING.....: NOT ELIGIBLE

ACTUAL SATISFACTION DATE.....: 10-06-2001  
ACTUAL SATISFACTION METHOD.....: PAROLE  
ACTUAL SATISFACTION FACILITY.....: THA  
ACTUAL SATISFACTION KEYED BY.....: TJH

DAYS REMAINING.....: 2434  
FINAL PUBLIC LAW DAYS.....: 0

G0000 TRANSACTION SUCCESSFULLY COMPLETED

**Attachment B**

**Form 583 Report of Incident**

Incident #: LEW-10-0473

Submitted By: B. A. Bledsoe, Warden

Date/Time Of Incident: 6/22/2010 2:30 PM

**Section 1: General Information**

FBI Notified: No USMS Notified: No Incident Location: Housing Unit, Secured

Indicate Where Incident Occurred: Main Facility

**Type Of Incident**

- ☐ Assault On Inmate  
☐ Assault On Staff  
☐ Assault, Attempted On Inmate  
☐ Assault, Attempted On Staff  
☒ Disruptive Behavior  
☐ Escape From Non-secure Facility  
☐ Escape From Secure Facility  
☐ Escape, Attempted From Non-secure Facility  
☐ Escape, Attempted From Secure Facility  
☐ Fight  
☐ Inmate Death  
☐ Institution Disturbance  
☐ Introduction Of Contraband  
☐ Lethal Weapons Discharge  
☐ Self Mutilation  
☐ Setting A Fire  
☐ Sexual Act, Non-consensual On Inmate  
☐ Sexual-Assault On Staff  
☐ Sexual Contact, Abusive On Inmate  
☐ Staff Homicide  
☐ Strike, Food  
☐ Strike, Work  
☐ Suicide Attempt  
☐ Use Of Force  
☒ Use Of Force/Applications Of Restraints  
☐ Use Of Restraints, Pregnant Inmate

Institution Locked Down: No

Cause Of Incident Known? No

**Cause Of Incident**

- ☐ Alcohol  
☐ Commissary  
☐ Debts  
☐ Disrespect Issue  
☐ Drugs  
☐ Ethnic Conflict  
☐ Food Issue  
☐ Geographical Conflict  
☐ Interfering with Staff duties  
☐ Property Issue  
☐ Racial Conflict  
☐ Recreation Equipment  
☐ Religious Issue  
☐ Security Threat Group Conflict  
☐ Sexual Pressure  
☐ Sporting Events  
☐ Telephone  
☐ Theft  
☐ Visiting  
☐ Work Issue

**Section 2: Inmates Involved**

Reg #: 12585007

Name: HILL, DAVID

Role: Suspect

Medical Attention Required: No

Weapon (per Inmate): No

Use of Force (per inmate): Yes

Chemical Used (per inmate): No

CIMS: Yes

STG: No

Restraints (per Inmate): Prolonged

Restraints Authorized By: Bledsoe, B. A.

Date/Time Placed In Restraints: 6/22/2010 2:50 PM

Restraint Equipment Used: ☒ Hard ☐ Soft

**Form 583 Report of Incident**

Incident #: LEW-10-0473

Submitted By: B. A. Bledsoe, Warden

Date/Time Of Incident: 6/22/2010 2:30 PM

Restraint Method Used: ☐ Ambulatory ☐ 2-Point ☒ 4-Point

Death (per inmate): No

**Section 3: Others Involved**

No data found.

**Section 4: Lethal Weapon Discharge**

No data found.

**Section 5: Use of Force**

Use of Force Classification: Calculated, Planned Use Of Force

Staff Name	Medical Attention	Role
Walls, B.	No	Medical
Klinefelter, E.	No	UOF Team Member
Wise, G.	No	UOF Team Member
Hepner, J.	No	UOF Lieutenant
Vayda, J.	No	Camera Operator
Whittaker, K.	No	UOF Team Member
Hamilton, R.	No	UOF Team Member
Hicks, S.	No	UOF Team Member

Was Incident Videotaped? Yes

If Yes, Tape ECN: pend

If Yes, Was Video Tape Sequential? Yes

If No, Why:

**Reason For Use Of Force**

- ☒ Displayed Signs Of Imminent Violence  
☒ Enforcement Of Institution Regulations

**Chemicals Used**

Chemical	Quantity
----------	----------

No data found.

**Less-Lethal Weapons Used**

Less-Lethal Weapon	Quantity
--------------------	----------

No data found.

**Other Equipment Used**

Other Equipment	Quantity
-----------------	----------

No data found.

**Section 6: Description of Incident**



**Form 583 Report of Incident****Incident #:** LEW-10-0473**Submitted By:** B. A. Bledsoe, Warden**Date/Time Of Incident:** 6/22/2010 2:30 PM

**DESCRIPTION OF INCIDENT (If Use Of Force, include details such as name of supervisor applying the chemical agent and/or restraints, reasons for use of hard restraints instead of soft restraints, etc.) Please be clear about cause(s) of the incident in your description.**

On June 22, 2010, at approximately 2:30 p.m., the East Lieutenant approached the first-floor shower in D-Block and ordered inmate David Hill #12585-007, to be moved to another cell. Inmate Hill refused to submit to hand restraints. Inmate Hill threatened to assault another inmate or a staff member. At approximately 2:45 p.m., the Warden was notified and authorized a Use of Force Team be assembled, confrontational avoidance procedures initiated, and the placement of inmate Hill into four-point restraints. Confrontational avoidance procedures proved effective with inmate Hill submitting to hand restraints. Due to inmate Hill displaying signs of imminent violence towards staff or other inmates, he was visually searched and placed into four-point restraints at approximately 2:50 p.m.. Inmate Hill was medically assessed with no injuries noted. He was escorted to cell #024 in Z-Block without further incident. No staff injuries were reported.

Reference LEW-10-0469.

**Section 7: Attachments**

File Date	File Name	Original Entered By	Original Loc Code
6/22/2010	conf avoid hill.pdf	TF18255	LEW
6/22/2010	lr hill.pdf	TF18255	LEW
6/22/2010	memos hill.pdf	TF18255	LEW
6/22/2010	roster.pdf	TF18255	LEW

**Approved By:** SUBMITTED

B. A. Bledsoe, Warden



## **Attachment C**

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: HILL, DAVID	Sex: M	Reg #: 12585-007
Date of Birth: 05/16/1971	Provider: Walls, Bryan EMT-P	Race: BLACK
Encounter Date: 06/22/2010 14:45		Facility: LEW

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Walls, Bryan EMT-P

**Chief Complaint:** Other Problem

**Subjective:** I/M was the subject of a Calculated Use of Force. On arrival of the team, he submitted to restraints and was removed from the cell. He was taken to the shower area, stripped, and visually searched. He was then re-dressed and ambulatory restraints were applied. I/M was escorted to Z-024 where he was placed supine in 4-pt restraints. Circulation and motor function were checked and found to be intact distal to the restraints after application. I/M offered no medical complaints and did not sustain any injuries during this Calculated Use of Force.

**Pain Location:**

**Pain Scale:** 0

**Pain Qualities:**

**History of Trauma:**

**Onset:**

**Duration:**

**Exacerbating Factors:**

**Relieving Factors:**

**Comments:**

**OBJECTIVE:**

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/22/2010	14:45 LEW	84	Radial	Regular	Walls, Bryan EMT-P

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/22/2010	14:45 LEW	16	Walls, Bryan EMT-P

**Exam:**

**General**

I/M supine, AA&O; NAD; airway patent w/ adequate resps; skin normal color, warm, dry; MAE w/ purpose & coordination, Cap refill in finger tips <3 sec; (+) radial pulses; (+) dorsalis pedis pulses x2; No obvious injuries noted.

**ASSESSMENT:**

No Significant Findings/No Apparent Distress

**PLAN:**

**Other:**

Initiate restraint checks

**Patient Education Topics:**

Inmate Name	HILL, DAVID	Reg #	12585-007
Date of Birth	05/16/1971	Sex	M
Encounter Date	06/22/2010 14:45	Provider	Walls, Bryan EMT-P
		Race	BLACK
		Facility	LEW

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/22/2010	Not Done		Walls, Bryan	No Participation

Copay Required: No                      Cosign Required: Yes  
Telephone/Verbal Order: No

Completed by Walls, Bryan EMT-P on 06/22/2010 16:11  
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.  
Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Cosign/Review**

Inmate Name:	HILL, DAVID	Sex:	M	Reg #:	12585-007
Date of Birth:	05/16/1971	Provider:	Walls, Bryan EMT-P	Race:	BLACK
Encounter Date:	06/22/2010 14:45	Facility:	LEW		

**Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:04.**

## **Attachment D**

## Form 586 After Action Review Report

### Section 1: Form 583 Information

**Significant Incident:** LEW-10-0473

**Institution:** Lewisburg USP

**Incident Date:** 6/22/2010 2:30 PM

**Submit Approved By:** B. A. Bledsoe, Warden

**Region:** Northeast

**Incident Location:** Housing Unit, Secured

**Report Date:** 6/23/2010 7:40 AM

**Classification:** Calculated

### Section 2: Restraint Classification

**Reg #:** 12585007

**Name:** HILL, DAVID

**Role:** Suspect

**Date Placed in Restraints:** 6/22/2010 2:50 PM

**Date Released from Restraints:** 6/24/2010 10:00 AM

**CIMS:** Yes

**STG:** No

#### Date Regional Director Notified of Each Additional 8 Hour Time Period

6/24/2010 9:10 AM

6/24/2010 1:10 AM

6/23/2010 5:10 PM

6/23/2010 9:10 AM

6/23/2010 1:10 AM

6/22/2010 5:10 PM

### Section 3: After Action Review

**Warden:** Hudson, Acting

**Associate Warden:** D. Hudson, AW(C)

**Captain:** B. Trate, Captain

**Health Service Administrator:** Brown, S.

**Additional Staff:**

**Confrontation Avoidance Measure:** Yes **Video Tape of Incident:** Yes **ECN #:** pend

**Medical Reports of Examinations and Injuries:** Yes **Supervisor's Report:** Yes **Staff Memos:** Yes

**Type of Restraints Used:** Yes **Method of Restraints Used:** Yes

**Other:**

**After-Action Review Has Determined:** The actions taken with respect to the use of force and/or restraints were reasonable and appropriate and have been reviewed with staff involved

**Indicate Where Video Tapes and Original Documents Are Stored:**

SIS evidence locker.

**Describe any extraordinary actions which had to be taken, as last resort, to prevent serious physical injury or serious property damage:**

None noted.

Reference LEW-10-0469.

**Discrepancies Noted:**

None noted.

**Are there any recommendations:** No

### Section 4: Attachments

## Form 586 After Action Review Report

File Date	File Name	Form Type	Original Entered By	Original Loc. Code
6/25/2010	Hill Restraint Paper.pdf	586	TF16607	LEW
6/23/2010	Camera Memo Hill D 6-22-2010.wpd	586	TF16607	LEW
6/23/2010	Hill 24 06-23-10.pdf	586	TF16607	LEW
6/23/2010	Inj Ass hill.pdf	586	TF16607	LEW
6/22/2010	conf avoid hill.pdf	583	TF18255	LEW
6/22/2010	lr hill.pdf	583	TF18255	LEW
6/22/2010	memos hill.pdf	583	TF18255	LEW
6/22/2010	roster.pdf	583	TF18255	LEW

Approved By: SUBMITTED

B. A. Bledsoe, Warden

**Attachment E**





## UNITED STATES GOVERNMENT MEMORANDUM

FEDERAL BUREAU OF PRISONS  
UNITED STATES PENITENTIARY  
LEWISBURG, PA.

DATE: June 22, 2010

TO: File

FROM: J. Hepner, Lieutenant

SUBJECT: Calculated Use of Force

On June 22, 2010, at approximately 2:00 pm, inmate David Hill, Reg. No. 12585-007 refused to submit to hand restraints and allow staff to remove him from the shower and escort him to his cell. Inmate Hill became disruptive and displayed signs of imminent violence by threatening to assault any inmate he was placed in a cell with. Due to his refusal of orders as well as his display of imminent violence, the Warden was notified and authorized a use of force team to be assembled to place inmate Hill in four point restraints. The decision to by pass ambulatory restraints was made due to inmate Hill's agitated state and his recent manipulation of ambulatory restraints. At approximately 2:30 pm, a use of force team was assembled and confrontation avoidance procedures were initiated with positive results. Inmate Hill submitted to hand restraints and was removed from the first floor shower in D unit. Inmate Hill was visually searched, placed in new clothes, and escorted to Z unit where he was placed in four point restraints in cell Z01-024 without further incident. Inmate Hill sustained no injuries. No staff injuries were reported.

**Attachment F**

BP-S717.055  
DEC 05

## Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/22/10</u>		<u>245 PM</u>		Ending: _____	
Date		Time		Date Time	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
1100	I/M lying on bed	BT	1215	I'm trying to sit up	BT
1115	I/M lying on bed	BT	1230	I'm lying on bed	BT
1130	I'm lying on bed	BT	1245	I'm lying on bed	BT
1145	I/M lying on bed	BT	1300	I'm lying on bed	BT
1200	I'm lying on bed	BT	1315	I'm lying on bed	BT
1215	I/M checked by LT	BT	1330	I'm lying on bed	BT
1230	I'm lying on bed	BT	1345	I'm lying on bed	BT
1245	I'm lying on bed/hungry	BT	1400	I'm Refused water	BT
1300	I'm lying on bed	BT	1415	I'm lying on bed	BT
1315	I'm lying on bed	BT	1430	I'm lying on bed	BT
1330	I'm lying on bed	BT	1445	I'm lying on bed	BT
1345	I'm lying on bed/hungry	BT	1500	I'm lying on bed	BT
1400	I'm lying on bed	BT	1515	I'm lying on bed	BT
1415	I'm lying on bed	BT	1530	I'm lying on bed	BT
1430	I'm lying on bed	BT	1545	I'm lying on bed	BT
1445	I'm lying on bed	BT	1600	I'm lying on bed	BT

PRINTED STAFF NAME	INIT
<u>J. Wagner</u>	<u>W</u>

PRINTED STAFF NAME	INIT

BP-S717.055  
DEC 05

## Fifteen Minute Restraints Check Form (15-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill</u>	Reg. No.: <u>12585-007</u>	Inst.: <u>USPLOWISBTRG</u>			
24-Hour Period Beginning: <u>6/22/10</u>	<u>915</u>	Ending: <u>6/22/10</u> <u>730 PM</u>			
Instructions: * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.		* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.			
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
915	Inmate sitting on bed	BT	1230	Inmate sitting on bed	BT
930	Inmate lying on bed	BT	1245	Inmate sitting on bed	BT
945	Inmate lying on bed	BT	1300	Inmate sitting on bed	BT
1000	Inmate lying on bed	BT	1315	Inmate sitting on bed	BT
1015	Inmate at door	BT	1330	Inmate in shower taken out of restraints	BT
1030	Inmate at door	BT			
1045	I'm calling escort staff	BT			
1100	"Faggots"	BT			
1115	I'm still on the door	BT			
1130	I'm sitting on desk	BT			
1145	I'm sitting on desk	BT			
1200	I'm lying on bed	BT			
1215	I'm lying on bed	BT			

PRINTED STAFF NAME	INIT
B. Thair	BT
B. Shade	BS

PRINTED STAFF NAME	INIT



BP-S717.055

DEC 05

U.S. DEPARTMENT OF JUSTICE

Fifteen Minute Restraints Check Form (24 Hours) CDFRM

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12595-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/22/10</u> Date		<u>2:45</u> PM Time		Ending: _____ Date _____ Time	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
2:45	Inm placed in 4-PT Restraints	JW	6:15	Inm laying on bed	JW
3:00	Inm laying on bed	JW	6:30	Inm laying on bed	JW
3:15	Inm laying on bed	JW	6:45	Inm laying on bed	JW
3:30	Inm laying on bed	JW	7:00	Inm laying on bed	JW
3:45	Inm laying on bed	JW	7:15	Inm laying on bed	JW
4:00	Inm laying on bed	JW	7:30	Inm laying on bed	JW
4:15	Inm laying on bed	JW	7:45	Inm laying on bed	JW
4:30	Inm laying on bed	JW	8:00	Inm Refused water	JW
4:45	Inm laying on bed	JW	8:15	Inm laying on bed	JW
5:00	Inm Refused water	JW	8:30	Inm laying on bed	JW
5:15	Inm laying on bed	JW	8:45	Inm laying on bed	JW
5:30	Inm laying on bed	JW	9:00	Inm laying on bed	JW
5:45	Inm laying on bed	JW	9:15	Inm laying on bed	JW
6:00	8oz water and Food med	JW	9:30	Inm laying on bed	JW

PRINTED STAFF NAME	INIT
J. Wagner	JW

PRINTED STAFF NAME	INIT

BP-S717.055  
DEC 05

## Fifteen Minute Restraints Check Form (15-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>VSP Lewisburg</u>	
24-Hour Period Beginning: <u>6/22/10</u>		<u>245 PM</u>		Ending: _____	
Date		Time		Date Time	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
9:15	I/m laying on bed	DW	11:15	I/m lying on bed	KE
10:00	I/m given 8oz water	DW	11:30	I/m lying on bed	KE
10:15	I/m laying on bed	DW	11:45	I/m lying on bed	KE
10:30	I/m lying on bed	KE	12:00	I/m lying on bed	KE
10:45	I/m lying on bed	KE	12:15	I/m given 8oz of water	KE
11:00	I/m lying on bed	KE	12:30	I/m lying on bed	KE
11:15	I/m lying on bed	KE	12:45	I/m lying on bed	KE
11:30	I/m lying on bed	KE	1:00	I/m lying on bed	KE
11:45	I/m lying on bed	KE	1:15	I/m lying on bed	KE
12:00 AM	I/m lying on bed	KE	1:30	I/m lying on bed	KE
12:15	I/m lying on bed	KE	1:45	I/m lying on bed	KE
12:30	I/m lying on bed	KE	2:00	I/m lying on bed	KE
12:45	I/m lying on bed	KE	2:15	I/m lying on bed	KE
1:00	I/m lying on bed	KE	2:30 AM	I/m lying on bed	KE

PRINTED STAFF NAME	INIT
J Wagner	DW
K Eger	KE

PRINTED STAFF NAME	INIT

BP-S717.055  
DEC 05

## Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6-23-10</u>		<u>4:45 AM</u>		Ending: _____	
Date		Time		Date	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
4:45 AM	I'm lying on bed	KE	8:15	I'm lying on bed	BT
5:00	I'm lying on bed	KE	8:30	I'm lying on bed/shaking foot	BT
5:15	I'm lying on bed	KE	8:45	I'm asked how soon Lt was coming	BT
5:30	I'm lying on bed	KE	9:00	I'm lying on bed/banging	BT
5:45	I'm lying on bed	KE	9:15	I'm lying on bed/yelling	BT
6:00	I'm lying on bed	KE	9:30	I'm lying on bed	BT
6:15	I'm lying on bed	KE	9:45	I'm checked by LT	BT
6:30	I'm lying on bed	KE	10:00	I'm lying on bed/shaking foot	BT
6:45	I'm lying on bed	KE	10:15	I'm lying on bed/shaking foot	BT
7:00	I'm lying on bed	KE	10:30	I'm lying on bed	BT
7:15	I'm lying on bed	KE	10:45	I'm lying on bed	BT
7:30	I'm lying on bed	KE	11:00	I'm lying on bed	BT
7:45	I'm lying on bed	KE	11:15	I'm lying on bed	BT
8:00	I'm lying on bed	KE	11:30	I'm lying on bed	BT
8:15	I'm lying on bed	KE	11:45	I'm lying on bed	BT
8:30	I'm lying on bed	KE	12:00	I'm lying on bed	BT

PRINTED STAFF NAME	INIT
K. Eger	KE
D. Kish	DK
E. Egan	EE

PRINTED STAFF NAME	INIT



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## Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <i>Hill, David</i>		Reg. No.: <i>12585-007</i>		Inst.: <i>USP Lewisburg</i>	
24-Hour Period Beginning: <i>6/23/10</i> Date		<i>545 AM</i> Time		Ending: <i>6/24/10</i> Date	
				<i>12:30 AM</i> Time	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
<i>545</i>	<i>I'm laying on bed</i>	<i>JW</i>	<i>915</i>	<i>I'm lying on bed</i>	<i>JW</i>
<i>600</i>	<i>I'm sitting on bed</i>	<i>MDK</i>	<i>930</i>	<i>I'm lying on bed</i>	<i>JW</i>
<i>615</i>	<i>I'm lying on bed</i>	<i>KE</i>	<i>945</i>	<i>I'm lying on bed</i>	<i>JW</i>
<i>630</i>	<i>I'm laying on bed</i>	<i>JW</i>	<i>1000</i>	<i>I'm going to water</i>	<i>JW</i>
<i>645</i>	<i>I'm laying on bed</i>	<i>JW</i>	<i>1015</i>	<i>I'm lying on bed</i>	<i>JW</i>
<i>700</i>	<i>I'm lying on bed</i>	<i>JW</i>	<i>1030</i>	<i>I'm lying on bed</i>	<i>KE</i>
<i>715</i>	<i>I'm lying on bed</i>	<i>JW</i>	<i>1045</i>	<i>I'm lying on bed</i>	<i>KE</i>
<i>730</i>	<i>I'm lying on bed</i>	<i>JW</i>	<i>1100</i>	<i>I'm lying on bed</i>	<i>KE</i>
<i>745</i>	<i>I'm lying on bunk</i>	<i>MDK</i>	<i>1115</i>	<i>I'm lying on Bed</i>	<i>KE</i>
<i>800</i>	<i>I'm lying on bunk</i>	<i>JW</i>	<i>1130</i>	<i>I'm lying on Bed</i>	<i>KE</i>
<i>815</i>	<i>I'm lying on bunk</i>	<i>JW</i>	<i>1145</i>	<i>I'm lying on Bed</i>	<i>KE</i>
<i>830</i>	<i>I'm lying on bunk</i>	<i>JW</i>	<i>1200</i>	<i>I'm lying on Bed</i>	<i>KE</i>
<i>845</i>	<i>I'm lying on bed</i>	<i>KE</i>	<i>1215</i>	<i>I'm lying on Bed</i>	<i>KE</i>
<i>900</i>	<i>I'm lying on bed</i>	<i>JW</i>	<i>1230</i>	<i>I'm lying on Bed</i>	<i>KE</i>

PRINTED STAFF NAME	INIT
<i>JW</i>	<i>JW</i>
<i>M. Kemmerer</i>	<i>MDK</i>
<i>K. Eger</i>	<i>KE</i>
<i>C. B. H. H. H.</i>	<i>KE</i>

PRINTED STAFF NAME	INIT



BP-S717.055 Fifteen Minute Restraints Check Form (24-Hours) CDFRM  
DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>		Reg. No.: <u>12585-007</u>		Inst.: <u>USP Lewisburg</u>	
24-Hour Period Beginning: <u>6/24/10</u> Date		<u>12:45 am</u> Time		Ending: <u>6-24-10</u> Date	
				<u>7:30</u> Time	
<p>Instructions:</p> <ul style="list-style-type: none"> <li>* Enter beginning and ending dates/times at top of form for each 24-hour period.</li> <li>* Staff must check the general welfare of the inmate every fifteen (15) minutes.</li> <li>* Use a separate form for every 24-hour period the inmate remains in restraints.</li> <li>* Write appropriate time of 15 minute check on time-line provided.</li> </ul>			<ul style="list-style-type: none"> <li>* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions.</li> <li>* If needed, notify health / psychology services or supervisors for assistance.</li> <li>* Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.</li> </ul>		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
12:45	I/m lying on Bed	CR	4:15	I/m lying on Bed	CR
1:00	I/m lying on Bed	CR	4:30	I/m lying on Bed	CR
1:15	I/m lying on Bed	CR	4:45	I/m lying on Bed	CR
1:30	I/m lying on Bed	CR	5:00	I/m lying on Bed	CR
1:45	I/m lying on Bed	CR	5:15	I/m lying on Bed	CR
2:00	I/m lying on Bed / restraints checked	CR	5:30	I/m lying on Bed	CR
2:15	I/m lying on Bed	CR	5:45	I/m lying on bed	CR
2:30	I/m lying on Bed	CR	6:00	I/m lying on Bed	CR
2:45	I/m lying on Bed	CR	6:15	I/m lying on bed	CR
3:00	I/m lying on Bed	CR	6:30	I/m lying on bed	CR
3:15	I/m lying on Bed	CR	6:45	lying on Bench	CR
3:30	I/m lying on Bed	CR	7:00	lying on Bench	CR
3:45	I/m lying on Bed	CR	7:15	lying on Bench	CR
4:00	I/m lying on Bed	CR	7:30	lying on Bench	CR

PRINTED STAFF NAME	INIT
G. Rothermel	CR
R. HANWES	CR

PRINTED STAFF NAME	INIT

BP-S717.055  
DEC 05

## Fifteen Minute Restraints Check Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>411 DAVID</u>		Reg. No.: <u>12535-007</u>		Inst.: <u>Lewisburg</u>	
24-Hour Period Beginning: <u>6-24-10</u>		<u>7:45</u>		Ending: _____	
Date		Time		Date	
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * Staff must check the general welfare of the inmate every fifteen (15) minutes. * Use a separate form for every 24-hour period the inmate remains in restraints. * Write appropriate time of 15 minute check on time-line provided.			* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance. * Staff using this form must record their printed name and initials at the bottom of this form (reverse side) for later identification.		
TIME	COMMENTS	INIT	TIME	COMMENTS	INIT
7:45	lying on Bench	PK			
8:00	lying on Bench	PK			
8:15	lying on Bench	PK			
8:30	lying on Trolley	PK			
8:45	lying on Bench	PK			
9:00	lying on Bench	PK			
9:15	lying on Bench	PK			
9:30	standing at Door	PK			
9:45	standing at Door	PK			
10:00	sitting on Bench	PK			
10:15	out of Restraints	PK			

PRINTED STAFF NAME	INIT
R. Hawes	PK

PRINTED STAFF NAME	INIT

**Attachment G**

BP-S718.055 Two-Hour Lieutenant Restraints Check Room (24-Hours) CDFRM  
DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>	Reg. No.: <u>12585007</u>	Inst.: <u>LEW</u>
24-Hour Period Beginning: <u>6-22-10</u> <u>9:10 AM</u> Ending: _____ Date Time Date Time		
<p>Instructions:</p> <ul style="list-style-type: none"> <li>* Enter beginning and ending dates/times at top of form for each 24-hour period.</li> <li>* A Lieutenant must check the general welfare of the inmate every two (2) hours.</li> <li>* Use a separate form for every 24-hour period the inmate remains in restraints.</li> </ul>		<ul style="list-style-type: none"> <li>* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions.</li> <li>* If needed, notify health / psychology services or supervisors for assistance.</li> </ul>

Lieutenant Name: J. Hepler Date: 6/22/10 Time: 11:06 AM  
(Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: Inmate asked if he would be calm if removed from restraints. Inmate stated "fuck you" Has not regained self control.

Action Taken: Continue Restraints

Lieutenant Name: J. Hepler Date: 6/22/10 Time: 12:00 pm  
(Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: Inmate stated "fuck no" when asked if he would be calm if removed from restraints and placed in cell with another inmate.

Action Taken: Continue Restraints

Lieutenant Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☐ Toilet Used? Yes ☐ No ☐

Describe Inmate's Behavior: \_\_\_\_\_

Action Taken: \_\_\_\_\_



BP-S718.055 Two-Hour Lieutenant Restraints Check Form (24-Hours) CDFRM  
DEC 05

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name: <u>Hill, David</u>	Reg. No.: <u>12585-007</u>	Inst.: <u>USP Lewisburg</u>
24-Hour Period Beginning: <u>6/22/10</u> <u>2:45 PM</u> Ending: _____ Date Time Date Time		
<b>Instructions:</b> * Enter beginning and ending dates/times at top of form for each 24-hour period. * A Lieutenant must check the general welfare of the inmate every two (2) hours. * Use a separate form for every 24-hour period the inmate remains in restraints.		* Describe inmate's behavior, including verbal and non-verbal comments. Use additional paper if needed. Do not simply write conclusions. * If needed, notify health / psychology services or supervisors for assistance.

Lieutenant Name: <u>P. Carrasquillo</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>4:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>PH still acting aggressive. Stated "I can be here forever and won't change."</u>		
Action Taken: <u>Continue in Restraints</u>		

Lieutenant Name: <u>P. Carrasquillo</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>6:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>PH stated, "Fuck this shit." "I can do this all night." Water given. Fed him lunch.</u>		
Action Taken: <u>Continue in Restraints</u>		

Lieutenant Name: <u>R. Johnson</u> (Typed Name and Signature)	Date: <u>6/22/10</u>	Time: <u>8:00 PM</u>
Desired Calming Effect? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Toilet Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Describe Inmate's Behavior: <u>1hr restraints checked, paramedic checked 1hr, 1hr refused water, 1hr attitude poor at this time.</u>		
Action Taken: <u>Remain in restraints</u>		

Lieutenant Name: P Carrasquillo Date: 6/22/10 Time: 1000 PM  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: IM feeling agitated and attitude poor  
stated: "fuck yourself" "This is bullshit!" "Mother  
asked for water I gave him 8 ounces of water"

Action Taken: Continue of Restraints.

Lieutenant Name: E Shart Date: 6/23/10 Time: 1200  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: inmate refused to speak used  
Urinal. Can not determine behavior

Action Taken: Continue in restraints

Lieutenant Name: E Shart Date: 6/23/10 Time: 200 A  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: inmate given water restraints adjusted  
would not speak other than Complaining about restraints  
given 8 oz of water

Action Taken: Continue in restraints

Lieutenant Name: E Shart Date: 6/23/10 Time: 400 A  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: inmate refused to answer questions  
given Urinal to use. Can not determine behavior

Action Taken: Continue in restraints

Lieutenant Name: E. Sharr (Typed Name and Signature) Date: 6/23/10 Time: 600A

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Restraints checked PA checked inmate  
not speak can not determine if under control

Action Taken: Continue in restraints

Lieutenant Name: M. Saylor (Typed Name and Signature) Date: 6/23/10 Time: 800 Am

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Restraints checked PA checked I/m would  
not answer any questions, no response no way to  
determine if I/m is under control

Action Taken: Continue Restraints

Lieutenant Name: J. Heor (Typed Name and Signature) Date: 6/23/10 Time: 1000

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate remains agitated and verbally aggressive. Attempted  
to converse with inmate, I/m stated "fuck you motherfucker". Panging  
restraints against bed. Not calm. Refused use of toilet, food, and water.

Action Taken: Continue Restraints

Lieutenant Name: M. Saylor (Typed Name and Signature) Date: 6/23/10 Time: 1200

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/m. REMAINS NON-COMPLIANT REFUSES  
TO ANSWER QUESTIONS, CONTINUES TO STRUGGLE AGAINST RESTRAINTS  
WHEN CHECKS ARE PERFORMED

Action Taken: CONTINUE RESTRAINTS

Lieutenant Name: J. Heane Date: 6/23/10 Time: 1400  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate continues to threaten violence towards any inmate he is placed in a cell with. Refused use of toilet and water when offered.

Action Taken: Continue Restraints.

Lieutenant Name: P. Carrasquillo Date: 6/23/10 Time: 4:00 PM  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/M very aggressive and upset. Stated, "Fuck you Lt. You work for the white man!" Offered water, he refused.

Action Taken: Continue in Restraints

Lieutenant Name: M. Edwards / M. Edwards Date: 6/23/10 Time: 6:00 PM  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate stated, "Lieutenant take me the fuck out of these cuffs or someone is going to get hurt."

Action Taken: Remain in Restraints

Lieutenant Name: P. Carrasquillo Date: 6/23/10 Time: 8:00 PM  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: I/M upset and is agitated. Attempted to feed but was too aggressive. Water offered. I believe not to take restraint off due to staff safety and his comments.

Action Taken: Continue in Restraints

(This form may be replicated via WP)

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Lieutenant Name: Parrasquillo [Signature] Date: 6/23/10 Time: 10:00 PM  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: IM was offered meal one more time, stated, "Fuck you!" offered water, he accepted. IM still very upset and displays aggressive behavior towards staff.

Action Taken: Continue in restraints.

Lieutenant Name: D. Ford [Signature] Date: 6/24/10 Time: 12:00  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate hostile, stating "what the fuck are you doing here, you ain't no lieutenant."

Action Taken: Remain in restraints.

Lieutenant Name: D. Foster [Signature] Date: 6/24/10 Time: 2:00  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: Inmate still very aggressive, stated "Get out real fucking quick, you ain't shit."

Action Taken: [Signature]

Lieutenant Name: D. Foster [Signature] Date: 6/24/10 Time: 4:00  
 (Typed Name and Signature)

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate still aggressive and again saying "I need a real lieutenant to do the check."

Action Taken: Remain in restraints.

Lieutenant Name: C. Fournier (Typed Name and Signature) Date: 6-24-10 Time: 0800

Desired Calming Effect? Yes ☐ No ☒ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate p.m. disrespects staff. Inmate of seeing you so just get the hell out of here.

Action Taken: Remain in restraints

Lieutenant Name: Chidress (Typed Name and Signature) Date: 6-24-10 Time: 0830

Desired Calming Effect? Yes ☒ No ☐ Toilet Used? Yes ☐ No ☒

Describe Inmate's Behavior: Inmate displaying calming effect

Action Taken: Remove 4-point and place in ambulatory restraints

Lieutenant Name: Chidress (Typed Name and Signature) Date: 6-24-10 Time: 1000

Desired Calming Effect? Yes ☒ No ☐ Toilet Used? Yes ☒ No ☐

Describe Inmate's Behavior: Inmate displays calming effect.

Action Taken: Removal from ambulatory restraints

Lieutenant Name: \_\_\_\_\_ (Typed Name and Signature) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Desired Calming Effect? Yes ☐ No ☐ Toilet Used? Yes ☐ No ☐

Describe Inmate's Behavior: \_\_\_\_\_

Action Taken: \_\_\_\_\_

(This form may be replicated via WP)

## **Attachment H**

BP-A719.055  
DEC 05

## Health Services Restraint Review Form (24-Hours) CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name:  
HillReg. No.:  
12585-007Inst.:  
USP Lewisburg24-Hour Period Beginning: 06/22/2010 3:00 pm  
Date Time Ending: Date Time

## Instructions:

- \* Enter beginning and ending dates/times at top of form for each 24-hour period.
- \* Use a separate form for every 24-hour period the inmate remains in restraints.

- \* Health Services staff must check the inmate twice during each eight (8) hour shift.
- \* This form is used in addition to regular inmate medical file.

Initial Assessment	Date: 06/22/2010	Time: 3:00 pm	Staff: B. Walls, Paramedic
			Typed Name and Signature
Body Position: Supine	Restraints (circulation):		No compromise
Vital Signs: BP: (+) radials	Pulse: 84	Resp: 16	Temp: w/d
Current Medication(s): See BEMR			
Injuries, if any (complete separate inmate injury report):			None
Comments: No medical complaints			

Date:	Time:	Staff:	Typed Name and Signature
Body Position:			Restraints (circulation):
Vital Signs: BP:	Pulse:	Resp:	Temp:
Injuries Update:			
Inmate Use of Toilet:			
Inmate Consumption of Food or Liquid:			
Overall Assessment of Inmate Health:			
Comments:			

Date: 6-22-10 Time: 1700 Staff: UPPHER  
 Typed Name and Signature

Body Position: 4 Points Restraints (circulation): Good

Vital Signs: BP: — Pulse: 76 Resp: 14 Temp: nd

Injuries Update: None noted

Inmate Use of Toilet: WNL, some urine on floor

Inmate Consumption of Food or Liquid: Refused H<sub>2</sub>O, LT will have evening meal

Overall Assessment of Inmate Health: Five

Comments: —

Date: 6-22-10 Time: 2000 Staff: UPPHER  
 Typed Name and Signature

Body Position: 4 Points Restraints (circulation): Good

Vital Signs: BP: — Pulse: 74 Resp: 14 Temp: nd

Injuries Update: None noted

Inmate Use of Toilet: WNL

Inmate Consumption of Food or Liquid: Ate @ 1800 & 800 H<sub>2</sub>O

Overall Assessment of Inmate Health: Five

Comments: —

Date: 6-23-10 Time: 0001 Staff: C Potter  
 Typed Name and Signature

Body Position: 4 Points Restraints (circulation): Good

Vital Signs: BP: — Pulse: 64 Resp: 14 Temp: nd

Injuries Update: None noted

Inmate Use of Toilet: urinated 300 cc out

Inmate Consumption of Food or Liquid: Refused H<sub>2</sub>O & this time

Overall Assessment of Inmate Health: Five

Comments: —

(This form may be replicated via WP)

Date: 6/23/10 Time: 780615 Staff: 66bma [Signature]  
 Typed Name and Signature

Body Position: SUPINE Restraints (circulation): None

Vital Signs: BP: \_\_\_\_\_ Pulse: 78 Resp: 22 Temp: \_\_\_\_\_

Injuries Update: None

Inmate Use of Toilet: Provided

Inmate Consumption of Food or Liquid: 802 of WATER 0200

Overall Assessment of Inmate Health: APPEARS WELL

Comments: \_\_\_\_\_

Date: 6/23/10 Time: 12:00 Staff: 66bma [Signature]  
 Typed Name and Signature

Body Position: SUPINE Restraints (circulation): None

Vital Signs: BP: \_\_\_\_\_ Pulse: 110 Resp: 17 Temp: \_\_\_\_\_

Injuries Update: None

Inmate Use of Toilet: Provided

Inmate Consumption of Food or Liquid: Provided

Overall Assessment of Inmate Health: APPEARS WELL

Comments: Inmate STATED FUCK OFF

Date: 6/23/10 Time: 1353 Staff: 66bma [Signature]  
 Typed Name and Signature

Body Position: SUPINE Restraints (circulation): None

Vital Signs: BP: \_\_\_\_\_ Pulse: 110 Resp: 16 Temp: \_\_\_\_\_

Injuries Update: None

Inmate Use of Toilet: Provided

Inmate Consumption of Food or Liquid: APPEARS WELL

Overall Assessment of Inmate Health: Provided

Comments: Inmate STATED FUCK OFF

(This form may be replicated in via WP)